FOR BINDING MARGIN RESERVED mation should be carefully supplied. WRITE PLAINLY,

V. S. Mo. 1 8 ż

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of PHYSICIANS stated EXACTLY. AGE should be

should state infor-

OCCUPA-

Jo

Exact statement

properly classified.

be

certificate.

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
+	KI-a)
County Wareisler	Registration Dist. No
Village or City / Orlin Ind	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs mos ds.
1 12 6	
2. FULL NAME of the 14. 1 Lake	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 20 - 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	THE PERVIOLENT THE PE
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
100 lale 110 162 1	I last saw be alive on Q 1 2 1933; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 130 Pm
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	atalectosis
7. Industry or business in which work was done, as SILK MILL.	and the state of t
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Dither Contributory Causes of importance:
12. BIRTHPLACE (oity or town) Mid	
(State or country)	
14. BIRTHPLACE (city flown) Md	
7 14. BIRTHPLACE (city of town) . and	Name of operation
(State or county)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Jula Richardson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Jula Ruhardson 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT / Raymond / Baker	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Lougeen Date Cell, Zo, 1932	Nature of injury
19. UNDERTAKER D. W. 1 Bustage	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Bestin and.	If so, specify
nous 10-60 . e2 Molon F. H.	(Signed) Charle day M. D.
20. FILED 10. 8.0. , 15% STELLIN J. Statutal. Registrar.	(Address) P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

le loirth	Certificate	tor	Chano	of age.	
	/)	0	6	3	

œ

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No Village or City Pocomoke City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred _____yrs, _____mos. ____ds. How long in U.S. if of foreign blrth? _____yrs, ____mos. 2. FULL NAME William Otis Bunting (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Harried Pocomoke City (Year) Kate Bunting CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) Sept. 7th. If LESS than to have occurred on the date stated above, at Days 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. were as follows: Oate of poset 8. Trade, profession, or particular kind of work done, as SPINNER, Fish merchant SAWYER, BOOKKEEPER, etc. Fish merchant 11. Total time (years)
spent in this occupation Other Contributory Causes of importance: Marsh Market Virginia H.Bunting 14. BIRTHPLACE (city or town) Jenkins Bridge Virginia What test confirmed diagnosis? Was there an autopsy? Lida Onlev 23. If death was due to external causes (VIOLENCE) fill in also the following Marsh Market Accident, suicide, or homicide? Virginia Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mrs. Lida Bunting Pocomoke City, Maryland Manner of injury Nature of injury 24. Was disease or injury in any-way related to occupation of deceased?__ (Address) Focomoke If so, specify (Signed)_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registraz

(Address) - O - O - C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitiat nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

ż

OCCUPATION

FATHER

MOTHER

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "meehanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAitem of infor-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-f).
County Worrester	Registration Dist. No. 35-2
Village or City Bullin Mel sull	ELLINO. Bely St., Ward
(If Length of residence in city on town where death occurredyrsmos_	death occurred in a Morpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Schaffes P. Culle	2.4.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH
Male Widowes	(Month) (Day) (Year)
5a.0f married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I WEREBY CERTIFY That Lattended deceased from
(01) WIFE 01 Margasel E. Fantel Cullen	401-432 10 4ef- 15 32
6. DATE OF BIRTH (month, day, and year) CINV. 23 1863	I last saw h alive on 44- 3; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at following. The PRINCIPAL CAUSE OF DEATH and related causes of importance
67 4 /2 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Vreaming Keart Cesion
9. Industry or business in which	7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Costributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Fall bloom Bloc than
	- A
13. NAME 14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	What test confirmed diagnosis? Was there an autopsyllar
15. MAIDEN NAME July	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT & M. Degg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OF REMOVAL	
Place Il Clay III Date Oct, 8, 1932	Manner of injury
1 1/2 1/2 1/26	Nature of injury
19. UNDERTAKER Address)	24. Was disease or Injury in any way related to occupation of deceased?
Opt 3- 12 & 11 When her	(Signed)
20. FILED COLOR 1990 Color Registrar.	(Address) Com Cott
If more blanks are needed, ad ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

4 1 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	यम् स्राप्त	Other contributory causes of importance:	
Gallstones 1.3.A D	May 1,1923	Gastroenteritis	1 year
	03		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

or- ate	STATE OF MARYLAND	CERTIFICATE OF DEATH
should stat f OCCUPA	County Washing Brown County Village of City County	No. Registration Dist. No. 357 No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
SICIANS	Length of residence in city or town where death occurred yrsmos	
state	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OI HEREBY CERTIFY That tattended deceased from 1932 to 1932 to 1932
	6. DATE OF BIRTH (month, day, and year) See 25-1930	Hast saw her alive on Och 25 , 1932; death is said
The Road of the last of	7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Laryngeal Depthorial Joneda
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Coutributory Causes of importance:
The second secon	12. BIRTHPLACE (city or town) (State or country) Survey 13. NAME Sloward Dale	
	14. BIRTHPLACE (city or town) Prompland (State or country)	Name of operation what the property of the state of what the property of the state
The state of the state of	15. MAIDEN NAME Sellia Tomorons 16. BIRTHPLACE (city or town) manyland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	17. INFORMANT Wellia Sale (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Baltist un Date 10/27 19	Manner of injury
	19. UNDERTAKER William S. Stilliam (Address) Brownskie and	24. Was disease or injury in any way related to occupation of deceased? 26
	20. FILED. 10/2-7., 1932 RERoy Secreth	(Signed) Store Cheered Str., (Address) 5794 6 Cheered Str.,
a	literation is if more blanks are health addless from things	2 Server Street Balting, Represting U. S. Natr. (1) 100 351

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BIND

FOR

RESERVED

MARGIN

No. 1

σĝ

>

B. ...

ż.

PLACE OF DEATH

County le orcestes	CERTIFICATE OF DEATH
WITHIN CORFU AT LIMIT OF	Registration Dist. No. 35/
Village or City Snow Hill (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX J 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Q O S 192 O (Month) Q (Day) 93 \(\text{Q(Year} \)
July 31 , 1931	9,26.332 10,7.32,192
(Month) (Day) (Year)	that I last saw Ir Malive on 10 t 7 t 32 , 192 ,
7 AGE If LESS than I day hrs. yrs. 3 mos. 10 ds. or min.?	and that death occurred on the date stated above, at O. T. M. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos 8 de. Contributory Secondary (Duration) yrs. mos ds.
10 NAME OF FATHER Ludge Derries OF FATHER OF FATHER	(Signed) A Walsche M. D. /0///3192 (Address) Sweet Will M. D. *State the Disease Causing Death on in deaths from
(State or country) Mayland 12 MAIDEN NAME OF MOTHER Doma Z. bicherson 13 BIRTHPLACE OF MOTHER (State or country) Danyland.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) Ludge to the BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Inow Hilf, Eng. 15 Filed 18/11 1932 LERoy Secutt	Special of Burial OR REMOVAL Date of Burial Let 11, 1932 20 UNDERTAKER ADDRESS HEART & STATE STAT
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-Physician, Compositor, Architect, to know (a) the kind of work and also (b) the For many occupations a single word or term on O. especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, At Home, without more precise specification as Day and children, not gainfully em-Laborer-Coal mine, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condistited unless important use of "Tumor" for malignant neoplasms); Measles American Medical Association.) approved by Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease hopneumonia (secondary), etc. affection need valvular Nomenclature The contributory heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Le Gov. form #2 unda.
"Walrelle" "/1933

V. S. No. 1 B.-

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
----------	-------	------	---------	------	----	-------

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	162
County Wisherston	Registration Dist. No. 353
Village or City Commber, Mr. Besho	Z No. St., Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
E 1. 0 D. 1	13. 104 1018 III 0.0.11 0.101018 DICH
2. FULL NAME O LOS DIESUSO	~
(a) Residence: No. Courty (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple Color of RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct /7 , 193 2
5a. 11 married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Lie on Do A. The line of the	22. I HEREBY CERTIFY, That I attended deceased from
7 34 - 30	, 19. 4., to
6. DATE OF BIRTH (month, day, and year) 7. AGE A Years Months Days If LESS than	I last saw h alive on, 19; death is seid to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	deceases toam
▼ 2 Industry or business in which	suite sure that
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	alkadie y pla age
10. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or tewn)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hester Hamblin	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A COME Some (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I was something the Ver 20 1937	Nature ot injury
19. UNDERTAKER Colored Son Son (Address) Selbywille Delaware	24. Was disease or injury in any way related to occupation of deceased?
20. FILED (Cel 19, 1932 James C. Registrar.	(Signed) 19 0 Calles M. D. (Address) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Acgurar.	N. Cl. J. C. D. L. D. G. C. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SPORKED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	71970
STATE OF MARYLAND-CERTIFICATE OF DEAT	TH : 1000

1	. PLACE OF DEAT	TH	1 1417414		- (B)			
County Worcester					Registration Dist. No.			
	Village or City Po		ity sos	is ocuredate	No. 203 Laurel st.	Ward		
					f death occurred in a hospital or institution, give its NAME instead of street or			
1					ds- How long in U.S. if of foreign birth?yrs	mosds.		
2	. FULL NAME_J	ohn Jame	s Dick	inson				
	(a) Residence: No		(Usual place	of shode)	St., Ward. If nonresident give city or town a	nd State		
	PERSONAL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH			
M	ale 4. colo	R OR RACE		RIED, WIDOWED, D (write the word) ed.	21. DATE OF DEATH Pocomoke City October 31st.	, 193 2 (Year)		
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of Leah	Blades	Dickin	son	22. I HEREBY CERTIFY, That I attend			
	DATE OF BIRTH (month, day	TO C	aomhon	12th1841	l last sew has aliva on 1930, to 1937			
	AGE Years	Months	Days	If LESS than	to have occurred on tha data stated above, at 3 . 4 OPm.	, 00011113 3010		
	90	10	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
7	8. Trade, profassion, or pa	articular		1 0)	maie as ivitums.	Date of onset		
TIOI	kind of work done, SAWYER, BOOKKEE		Carpen	ter	Chours Mysesidetis			
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	which SILK MILL,			Chronic Workritis			
SC	10. Date decaasad last wor	rked at 1000	11. Total ti	ime (yaars)	7			
0	this occupation (mo	nth and 1763	₹ spai	nt In this upation				
	DIPTUDI ACE (eity or town)				Other Contributory Couses of importance:			
12.	(State or country)	De	laware	~				
ER	13. NAME Lemuel							
FATHER	14. BIRTHPLACE (city or to	own)			Name of operation Date of			
	(State or country)	Dela	aware		What test confirmed diagnosis? Was there a	n autopsy?		
MOTHER	15. MAIDEN NAME				23. If death was due to external causas (VIOLENCE) fill in also tha follow	ing:		
OT	16. BIRTHPLACE (city or to	own)			Accident, suicide, or homicide? Date of injury	, 19		
	(State or country)				Where did injury occur? (Specify city or town, county and	itate)		
17.	(Address) POCOM			and	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC	PLACE.		
18.	BURIAL CREMATION OR	REMOVAL.		2nd , 19 32	Manner of injury			
	Place POCOMOK	e-Clty,	Chate TIGK	•_GLIIU, 19Q_	Nature of injury			
19.	(Address) POCOM	oke City	Maryl	uson	24. Was disaase or injury In any way ralatad to occupation of deceesed?	no.		
20.	FILED Mov 1	19-2 -	ohn I	Kily	(Signed) afel and we	M. D.		
				Registrar.	(Address) J. Olinear Le Cuy	- Wildell S		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

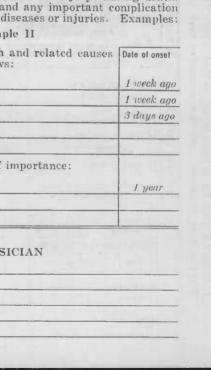
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE EC	R FURTHER	STATEMENTS	RY	PHYSICIAN
WINDSTITUTION WIN	SPACE FU	n runinga	SIMILMENIS	DI	LUISICIAN



	County Narcister	Registration Dist. No. 35 ²
	Village or City / Berlin	No. St, World death occurred in a hospital or institution, give its NAME instead of street and number)
2		ds. How long in U.S. if of foreign birth?yrsmos
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	emale White OR DIVORCED swrite the word)	21. DATE OF DEATH Of Jan 193 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Ahm Ellis	22. 1 HEREBY CERTIFY. That I attended deceased f
6. 1	DATE OF BIRTH (month, day, and year) May 20, 1844 AGE Years Months Days If LESS than 1 day, hrs. 88 0 10 or min.	I last saw h alive on ; to , 19 ; death is set to have occurred on the date stated above, at / O30 /h The PRINCIPAL CAUSE OF DEATH and related causos of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Cerebral Henringe
12.	BIRTHPLACE (city or town)	Other Contributory Causes of importance:
2	13. NAME Wilson Passins	
FATHER	14. BIRTHPLACE (city or town) Wel, (State or country)	Name of operation Date of
MOTHER	15. MAIDEN NAME Sally Fairs 16. BIRTHPLACE (city or town) J. M.d. (State or country)	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17.	INFORMANT Mis Charles / Telley (Address) I soushire I sud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Eury July Date Ato. 1, 1932	Manner of injury
	UNDERTAKER J. W. Bystaye (Address) Bishin Ind FILED DATA 1932 IV Munifold	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

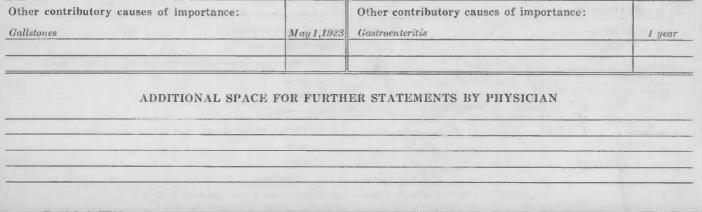
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Dato of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	(3)
Village or City Pocomofu City	No. St., Ward
Length of residence in city or town where death occurredyrs	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs,
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Library	22. I HEREBY CERTIFY, That I attended deceased from 1,19 32, to Oct 1 1982
6. DATE OF BIRTH (month, day, and year) Quality 53 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at \$1.00 A_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Chrone Suf reguls
II 13. NAME Jackson Ward	Useria
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place St. Pauls Cessetry Date Oct 4, 1933	Manner of injury
19. UNDERTAKER (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Oct 3 , 19 32 John 7 Registrar.	(Signed) Surge Doublines M. [(Address) Morron M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1.4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

B

ż

1. PLACE OF DEATH County Workste		CERTIFICATE OF DEATH Registration Dist. No. 33	1363
Length of residence in city or town where death 2. FULL NAME (a) Residence: No.		ND. St., I death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs	mos. ds.
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month)	. 1932 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	1-13 1931 Days It LESS than	22. 1 HEREBY CERTIFY, That I attended to last saw harmonic alive on to have occurred on the date stated above, at 2 Am.	, 19
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Judy or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Stell force:	Date of onset
12. BIRTHPLACE (city or town) (State or country)	& Hill	Other Contributory Causes ot importance:	
13. NAME A LONG LATE AND LATE	etopena arolina	Name af operation	
15. MAIDEN NAME ALS OF THE TENTE OF THE TENT	Alashiel	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St	ng: , 19

17. INFORMANT Dorotley M. Higgs. (Address) Serow Hiel, mally

Place M. E. C. Smelter of Cet. 15, 1932

(Address) ASS Trille 20, FILED 19715, 1982 2 LE Loy Su

19. UNDERTAKER

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way related to occupation of deceased?

(Signed) REPOY Swith R. A. (Address) Subject Will Mid

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

ż

STATE	OF	MARYLAND	-CERTIFICA	TE	OF	DEATH

11001

3	1. PLACE OF	DEATH				104
	County_WC	rcester			Registration Dist. No.	50
A	Village or Ci	ty Pocomoke	City	Hobit con	NoSt.,	Ward
1	Length of resid	lence in city or town where de	eath occurredy		death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. If of foreign birth?	
2	2. FULL NAN	ME Millard F	ilmore Hi	tchens		
	(a) Residence	e: No.			St., Ward.	
	PERSON	AL AND STATISTIC	(Usual place of abo		If nonresident give eity or town and : MEDICAL CERTIFICATE OF DEATH	State
3	SEX	4. COLOR OR RACE	5. SINGLE, MARRIEO		21. DATE OF DEATH	
	Mate	White	or Divorced (w		Pocomoke City October 30th	193 2 (Year)
5a.	. If married, widowe HUSBANO of (or) WIFE of		tchens		22. I HEREBY CERTIFY, That I attended d	leceased from
-	(0), 1112 0,				Mout 3 Jes-, 19 , to 109 30-	19.32
_		month, day, and year) Oct				; death is said
7.	AGE Year		1 1	If LESS than day,hrs.	to have occurred on the date stated above, 2 20 Am.	
				min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
2	kind of w	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Carpente	270		
ATI	9. Industry or b	done, as SILK MILL.		(F		
CUP	SAW MILL	L, BANK, etc.			To chant	#-11
0	10. Date deceased this occupyear)	d last worked at ation (month and 9 – 192	8 II. Total time () spent in toccupation	his		
12	. BIRTHPLACE (city	vortown Worcest	er Co.		Other Coutributory Causes of importance:	
14.	(State or count	01 (0111)	land		Tulyan an Intervalor	5 %
ER	13. NAME ISS	ac W.Hitche	ns			
ATH	14. BIRTHPLACE	(city or town)La	urel		Name of operation Date of	
~	(State or o	country)	Delaware		What test confirmed diagnosis? Was there an ac	topsy?
HE	15. MAIOEN NAM				23. If death was due to external causes (VIOL ENCE) fill in also the following:	
101	16. BIRTHPLACE	(city of town)	cester Co		Accident, suicide, or homicide? Oate of injury	, 19
	(State or		Marylar	10.	Where did injury occur? (Specify city or town, county and State)
17.	man.	rs.Mollie S. ocomoke City	Hitchens Maryland	<u> </u>	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATI	G.Cemetarv	pate Nov. 1st	5. ₁₉ 32	Manner of injury	
	Nic	CALLON HEX	10.00111	101	Nature of injury	
19.	(Address)	ocomoke Cit	V.Marylan	a	24. Was disease or injury in any way related to occupation of deceased?	
20	FUEDMON	1 1002 10	m The	les	(Signed)	M. D.
20.	, FILEUTIYETTE	, 19		Registrar.	(Address) . Ve the Care	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example 11 The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

		F MARYLAND-	CERTIFICATE OF DEATH 11365
	1. PLACE OF DEATH		2.00
	County Worcester		Registration Dist. No.
	Village or City Pocomoke	City R.F.D.	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where de		ds. How long In U.S. if of foreign birth?mosds.
	2. FULL NAME Katherine	Elizabeth Jame	8
	(a) Residence: No.		St., Ward.
-	DEDCOMAL AND CRAFTON	(Usual place of abode)	If nonresident give city or town and State
3	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	emale Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	October 14th. ,193 2 (Year)
5a	. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. SHEREBY CERTIFY They attended deceased from
6.	DATE OF BIRTH (month, day, and year) Mav	20th.1921.	Hast saw Jer alive on Oct 12 th, 1932; death is said
7.	AGE Years Months	Days If LESS than	to have occurred on the date stated above, \$11.10Am.
	11 4	24 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	t school	The lung open 1828
1000	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12	BIRTHPLACE (city or town) POCOMOK	e City Vland	Other Contributary Causes of importance:
æ	13. NAME Lyman Quin	*	of Morral 1932
FATHER	14. BIRTHPLACE (city or town) POCOM		Name of operation
ER	15. MAIDEN NAME Vernon Ja		23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) P.O.C.OMO (State or country)	ke City aryland	Accident, suicide, or homicide? Date of injury, 19
17	INFORMANT Annie Jame (Address) Pocomoke Cit	S	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18	TBYRIAN GREMATION OR BENOYAL		Manner of injury
19	UNDERTAKER LAMOUL SI (Address)Pocomoke City	Laryland.	24. Was disease or injury in any way related to occupation of deceased?
	2 -1 /	1	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

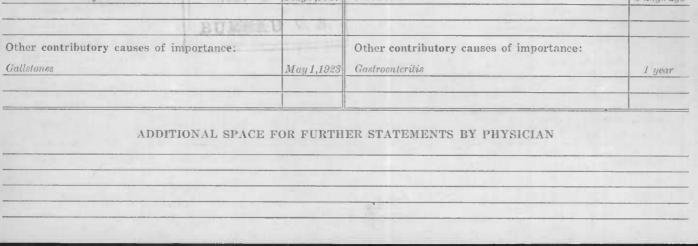
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exau	iple I	A STATE OF THE STA	Example II	
The principal cause of death of importance were as follows	•	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOA 3	July 5,1927	Peritonitis	3 days ago
	BURGET			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		



V. S. No. 1

PLACE OF DEATH County Worcester Village or City Stockton (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4 St.: Ward) a hospital or institu-
2 FULL NAME Charley Dishon	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 25 , 1923 2. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Det 25, 1922, that I last saw have alive on Oct 25, 1922
7 AGE If LESS than day hrs. ds. or min.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yis mos de
which employed or (employer) 9 BIRTHPLACE (State or country) 1 10 NAME OF	Contributory Secondary (Durstion) yrs mos ds.
FATHER Cutter, 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Semilla: Disharoon	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Tucky, Mil	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) A Gen Dethawese (Address) Lectur, Md	Where was disease contracted, if not at place of death? Former or usual residence 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oh 25, 1932
15 Fled 26-31 Hang / Taylor Registrar	A. A. Shielde New hich Ve
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11307

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from Physiciam, Compositor, Architect, Locomotic engineer, Civil engineer, Stationary firemon, etc. But in many cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, OF. For many occupations a single word or term on yrs). Form laborer, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Déphiheria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid Pneumonia"); "Lobar pneumonio, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senilc," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease Examples: Accidental drowning; Struck by railway troincausing death), 29 ds.; Bronchopncumonia (secondary) Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Mcosles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; by Committee on Nomenclature Chronic volvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE O	F DEATH				-65
	County	orcester		gar-sourcett	Registration Dist. No.	
	Village or C	ity Pocomoke	City	7.2	No. 601 Laurel st.	Ward
		dence In city or town whe			f death occurred in a hospital or institution, give its NAME instead of street and num. s. 24 ds. How long in U.S. if of foreign birth?mrsmos	ber)
	2. FULL NA	ME John M.	B.Palmer	3/73/6 ear	SPORATS LIMITS OF	
		ce: No. 601			St Ward.	
_			(Usual place	The second secon	If nonresident give city or town and Sta	ite
1_		IAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
-	sex Male	Colored	5. SINGLE, MA OR DIVORCE	RRIED, WIOOWED, ED (write the word) SIE	Pocomoke City, Oct. 16th.	93 2 • (Year)
5a	HUSBAND of (or) WIFE of	red, or divorced			22. I HEREBY CERTIFY, That I attended dec	
-						, 19.32
		(month, day, and year)	Septembe:	r22nd,192	I last sow h alive on 10 15 1932; d	eath is said
7.	AGE Yea	rs Months	Days	ff LESS than	to have occurred on the date stated above, A . 20. Am.	
1_	8		24	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
Z	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				B	
ATI	9. Industry or	BOOKKEEPER, etc business in which	In sch	00T	erforation ?	
CUPA	work was	s done, as SILK MILL, L, BANK, etc			1 dulestiet,	
000	10. Vate decease	ed last worked at pation (month and	SD(lime (years) ent in this cupation		
		Poc	omoke Ci	+ **	Other Contributory Causes of Importance:	
12	2. BIRTHPLACE (cit (State or cour		Jaryland	V.y. •	Typhow Tww	
ER	13. NAME	Severen Pe	w.			
T		(city or town)			Name of operation Date of	/
FAT	(State or		Croque	%>	What test confirmed diagnosis? Wes there an auto	now? See
HER	15. MAIDEN NA	ME Greather	Poulson		23. If death was due to external causes (VIOLENCE) fill in also the following:	psyttation
MOTH	16. BIRTHPLACE	CT	ockton.		Accident, suicide, or homicide? Date of injury	19
×	(State or	(614) 01 (6141)	Maryland		Where did injury occur?	-, 10
	. INFORMANT	Laura Mars	nell		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
17				oke City		
18	B. BURIAL, CREMAT	ION, OR REMOVAL			Manner of injury	
	Place Sto	ckton, Md.	OateOct.	18th 19 32	Neture of injury	
10	UNOERTAKER	mon Post	teven	and	24. Was disease or fnjury in any wey related to occupation of deceased?	10
15		comoke Ci	y, Maryla	and.	ff so, specify	
20	FILED ONY	19 32	hm 7 /6	iles	(Signed) Callarkul	
20	A I I LEGISSION			Registrar.	(Address) Josomoke Cil- V	ud.

S. No. 1

ż

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

should state

IS A PERMANENT RECORD. Every stated EXACTLY. PHYSICIANS

properly classified.

item of inter

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENTOT TOTAL	OI SECT	I. OIL	T. Olf Thingle	STUTIMINITIO	13 T	THESTORY

	7	MARGIN	R 区	ERVI	Q	MARGIN RESERVED FOR BINDING
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	WITH	UNFADE	NG II	VK-T	HIS	IS A PERMANENT
mation should be carefully supplied. AGE should be stated EXACTLY	refully s	supplied.	AGE	pluous	he	stated EXACTL
CAUSE OF DEATH in plain terms, so that it may be properly classified.	in plair	terms, so	that	it may	he	properly classified.
TION is very important. See instructions on back of certificate.	ant. Se	e instructi	o suo	n back	of o	ertificate.

N. B.—WRIT mation

V. S. No. 1

8	,	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1200
	1. PLAC	E OF DEA			-	(108)	1303
	County	110	rees	any	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	14
	Village	or City	Sty	cel		No.	Ward
	Length	of residence in c	ity or town where	death occurred	yrsmos	f death occurred in a horpital or institution, give its NAME instead of street and s	number)
1	2. FULL	NAME.	For	no		is falmer	
	(a) Re	sidence: No.				St., Ward,	
-	, ,			(Usual place		If nonresident give city or town an	d State
-		SONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3	Rep	4. COLO	OR OR RACE	5. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH OF 7	19.32
5a	. If married,	widowed, or div	orced			(Month) (Day)	(Year)
	(or) WIFE	of				22. I HEREBY CERTIFY, That I ettended	deceased from
				21 0	1022	, to, to	, 19
2	AGE	RTH (month, da		Jule	7-1132	I last saw h alive on, 19	.; death is said
1	AGE	Years	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
-	1 0 = 0		J		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
NO	kin	profession, or p d of work done, WYER, BOOKKEI	articular as SPINNER,		->	20	**
ATI		WYER, BOOKKEI y or business li				110 Drallerded	
U.P	WO!	k was done, as: W MILL, BANK,	SILK MILL,			D.	- Comple
OCCUPATION	10/Date d	eceased last wo	rked at	11, Total	ime (years)	Croup	13-10
_	yea	r)	THE SHE	sp3	nt in this upetion	Spasmodic croff; not true dispitarial.	
12	RIRTHPLAC	E (city or town)		1 18	Call and	Other Coutributory Causes of Importance:	
		r country)	mo	7'			
ER	13. NAME	Bu	adle	y all	en		
ATH	14 BIRTHE	LACE (city or to	(mm)			Name of operation	
L		ate or country)		md		Name of operation Date of Date of	
HER	15. MATOE	NAME S	mm	11-11/1	lmi.	What test confirmed diagnosis?	
MOTH	16 BIRTHE	LACE (city or to	uun)		1	23. If death was due to external causes (VIOLENCE) fill in also the following	
×		ite or country)	JWII)	and	,	Accident, suicide, or homicide?	, 19
	INFORMANT	Enn	ma /k	h lon	10 -	(Specify city or town county and Sta	te)
17.	(Addres	s)	LICE &			Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL CR	EMATION, OR R	REMOVAL D	220		Manner of injury	
	Drace!	uma	no con	Date OE	18 132	Nature of injury	
19.	UNOERTAKE		welk	Ren	nett,	24. Was disease or injury in any way related to occupation of deceased?	
-	(Address	(3)	Luc	pla	ma	If so, specify	
20.	FOR E)	7.	JUHa	wet?	reyly	(Signed) Signed	M O
			-		Registrar.	(Address) Alluther	Mal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none,

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

FOR	
RESERVED	
MARGIN	
7	
	1

V. S. No. 1

-	PLACE O	W ruster		0	D. M. C. D.	35-7	
		1-7 A	,		Registration D	ist. No. 322	
	Village or C	ity / Scele	<i>w</i>	(If death occurred in a horpita	l or institution, give its NAME	instead of street and r	umber)
	Length of resi	dence in city or town where	death occurredyrs	mos ds. How long in	U.S. if of foreign birth?	yrsmo	osds
2	FULL NA	ME Glen	a 15. Vae	stus			
	(a) Residen	ce: No	(Usual place of abode)	St., Ward.			C
p. Commercial Commerci	PERSON	IAL AND STATIST	TICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH	Diate
3. S		4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOW	D, 21. DATE OF DE			
Z	emale	White	OR DIVORCED (write the w	rd)	(Month)	(Day)	, 193(Yaar)
5a.	If married, widow HUSBAND of	ed, or divorced				(Day)	, , , , ,
	(or) WIFE of	Mes. 6. 1	asons	22. I HER	REBY CERTIFY	, That I attended	deceased from
6. D	ATE OF BIRTH	month, day, and year)	May 8 1879	I last sawhan aliv	ve on O of 2	193>	; death is said
7. A			Days If LESS		date stated above, at		
		52 3	24 1 day,m		OF DEATH and retated causes	s of importance	D. L. C
2	8. Trade, profes	ssion, or particular	2/ /1.	R/A			Date of onset
ATION		vork dona, as SPINNER, BODKKEEPER, etcbusiness in which	Hansende	Mr. l	ulman	any	
OCCUPA	work was	s done, as SILK MILL, L, BANK, etc		410			
00	10. Date decease	ed last worked at pation (month and	11. Total time (years) spent in this			-6	
	year)		occupation	Other Contributory Cause	es of importance		
12.	BIRTHPLACE (cit		d				
EN	(State or cour	ntry)	m. ++ 11				
FATHE	100	engrander	md				
FA	14. BIRTHPLACE (State or		, ruc. 1		gnosis?		
2	15. MAIDEN NA	ME (America S	Wichelson.		ternal causes (VIOL ENCE) fill		
MOTHER	16. BIRTHPLACE	(city or town)	md.		nicide?Da		
Σ	(State or	country)		Where did injury occur?			
17. 1	NFORMANT(Address)	yes. 6. 1	assus	Specify whether injury or	courred in INDUSTRY, in HOM	E, or in PUBLIC PLA	NCE.
18. 1	BURIAL, CREMAT	IDN, DR REMDYAL		Manner of Injury	***************************************		
	Place Va	y la Ville	Date Cut. S , 1	3.2 Nature of injury			
19. (UNDERTAKER(Address)	1. W. 13u	stage	24. Was disease or injury If so, specify	in any way related to occupat	ion of deceased?	
20 1	TILED OCK	4 1932 JU	Mumberd fle	(Signed)	haa IT.	Low	M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	de la constantina della consta	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURRAU V	81			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-----------	---------	------------	----	-----------

8

STATE OF MARYLAND	-CERTIFICATE OF DEATH
PLACE OF DEATH	95.6
County Worces (1)	Registration Dist. No. 35/
Village or City Mar Duow Thell	
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. it of foreign birth?yrsmos d
FULL NAME Florence Price	
(a) Residence: No. Suow Hill Ond	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	$()$ e^{1} e^{2}
male negro married	(Month) (Day) (Year)
married, widowed or divorged / P	22. I HEREBY CERTIFY, That I attended deceased fro
or) WIFE of John Vrice	
TE OF BIRTH (month, day, and year) Zuckurwu	I last saw h alive on
Years Months Days If LESS th	The state of the s
50 laday,	ware as tellowe.
3. Trade, profession, or particular kind of work done, as SPINNER,	Hart failure Date of ones
SAWYER, BDDKKEEPER, etc.	Variety Muklevon be
Alindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cours pho was dead
D. Date deceased last worked at 11. Total time (years)	Tufor I was called.
this occupation (month and spent in this year) occupation	Journa and in old
RTHPLACE (city or town) Heastville Va	Other Cootributory Causes of importance:
(State or country)	
3. NAME Gury Parlir	
BIRTHPLACE (city or town) It He as lvillo	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? 4
MAIDEN NAME ULIPUOUN	23. If death was due to external causes (VIDL ENCE) fill in also the following:
5. BIRTHPLACE (city or town). Lukurur	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
FORMANT AV JUL VILLE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
RIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dopliel Cuuting Date Oct 12,19	Nature of injury
DERTAKER LIM WILLIAMS	24. Was disease or injury in any way related to occupation of deceased? 210
ED 10/11 1932 RECoy Secret	(Signed) Aun illy M. (Address) Dury Hill M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Run over by street car	
	1 week ago
927 Peritonitis	3 days ago
Other contributory causes of importance:	
923 (Gastroenteritis	1 year
	Other contributory causes of importance:

	or-	STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	372	
	infor- state UPA	1. PLACE OF DEATH		(3)		
	should f OCC	County Works	17	Registration Dist. No. 33	1	
	sho of C	Village or City reor to comots	a City mo	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward	
	y ii	Length of residence in city or town where death occurred.				
M	Ever	2. FULL NAME Baly Fire	nell			
	SI SI tat	(a) Residence: No.		St., Ward.		
1	HY S	(Usual place of abode)		If nonresident give city or town and	State	
RECC PP Exact	PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH			
}	£ 3 .		ARRIED, WIDOWED, ICED (write the word)	21. DATE OF DEATH	. 193 3	
NG	A C T ssifted	5a. If merried, widowed, or divorced HUSBAND of	1			
DI	AN A C ssii	(or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from		
Z	KW X cla	act 19 1932		, 19 , to		
M	PE E Iy	6. DATE OF BIRTI Though, day, and year	1	I last saw h alive on 11 P ,19.	death is said	
24	A ted	7. AGE Years Months Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, at // • m The PRINCIPAL CAUSE OF DEATH and related causes of importance		
FO	IS A PE stated E properly certificate	0 0 0	orrain.	were as follows:	Date of onset	
_	10	Trade, profession, or particular kind of work done, as SPINNER,	0	A.C. A. D.	-	
ED	=	SAWYER, BODKKEEPER, etc.		Nead born says		
RV	K—T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.		midwife		
田	She it r	O 18. Date deceased last worked at 11. Total time (years)				
RES			spent in this occupation			
K	NG AGE that	1100 +	1 1	Other Contributory Canses of importance:		
Z	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town). Work (State or country)	I het muse			
RGIN	UNFA supplied n terms, ee instri	" 13. NAME Jomes Puro	7 2			
A				Name of operation Date of	-	
Z	Y Sul	14. BIRTAPLACE (city or town) Neon Jocanafa M. (State or country)	espeaf op ! . I. Nol.	What test confirmed diagnosis? Was there an	autoney?	
-		15. MAIDEN NAME Elso Becketto 2 16. BIRTHPLACE (city or town) 202 Pocomoso mod				
4	W refu in tan			23. If death was due to external causes (VIOLENCE) fill in also the followin		
	Ca ca TH			Accident, suicide, or homicide? Date of injury	, 19	
	be SAV	0 0 0	00	Where did injury occur? (Specify city or town, county and Sta	ite)	
	Should OF DI	17. INFORMANT COLO FUEL (Address)		Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.		
	she E O is v	18. BURIAL, CREMATION, OR REMOVAL	1 Ala a 30	Manner of injury		
	SE	Place Journal Tilete Date	10/20,1932	Nature of injury		
	WRITE mation sl	19, UNDERTAKER Jacces Perris	all.	24. Was disease or injury in any way related to occupation of deceased?		
0. 1	HOH	(Addiess) Pococrotic Cil	I mid RP	If so, specify	0 0	
Zi vi	E.	20. FILED 10/20 ,1932 LEROY	2 5	(Signed) LECoy Sureth &	Kengo	
>	z	20. FILED 10720, 193 + & Eloy	Registrar.	(Address) Super Del ma		
		If more blanks are need		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:	5 Date of onset	The principal cause of death and related causes	Date of onset
*	- ×	of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BOREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be

stated EXACTLY. PHYSICIANS should state

OCCUPA-

Jo

Exact statement

certificate.

of

See instructions on back

item of infor-

1. PLACE OF DEATH CDUNTY Worcester	- ABPOSAT	CERTIFICATE OF DEATH 11374 Registration Dist. No.
Village or City Rocomoke Cit	(If	. ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Albert Reyn		ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No.		St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 0	NGLE, MARRIED, WIDOWED.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	noun	22. CHEREBY CERTIFY That I attended deceased from 25, 19 70, to Cert 25, 19 72
6. DATE OF BIRTH (month, day, and year) A pril 7. AGE Years Months 51 6	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, HOUSE Painter SAWYER, BDDKKEEPER, etc. HOUSE Painter 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and speak in this securation (month and speak in this speak in this securation (month and speak in this spe		man was dead on Date of onset my arrival frame those of washing with fine he
D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	probably died of
12. BIRTHPLACE (city or town) Isle of W (State or country) Virgin		Other Contributory Canesa of importance: augus Beton
# 13. NAME Samuel Reynolds		
	of Wight Co.	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
置 15. MAIDEN NAME Rebecca ??		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Rebecca ?? 16. BIRTHPLACE (city or town) Not Kno (State or country)	wn	Accident, suicide, or homicide?
17. INFORMANT Robert Reynold (Address) Pocomoke City. N		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
EBENEZENIOU EMENUALY Wordester-Go.Md.		Manner of injury
19. UNDERTAKER LANDY P. S. L. (Address) POCOMOKO City N	oeusan laryland	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

ż

STATE	OF	MARVI	AND-	CERTIE	CATE	OF	DEATH
SIAIL	OF	MAKIL	AND-	CERIII	ICAIL	OF	DEAIL

11925

1. PLACE OF DEATH	-	(19)	
County WITHIN CORPORATE LIMITS OF Village or City		Registration Dist. No. 35/	
Length of residence in city or town where death		St., f death occurred in a hospital or institution, give its NAME instead of street and number) s// ds. How long in U.S. if of foreign birth?	
2. FULL NAME	Alt Extrem	20 n	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male alone	SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Wer 36, 193	2 ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased	d from
6. DATE OF BIRTH (month, day, and year) Jul	4 15-1932	I last saw hom alive on 10026, 19 2 death	Is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER,	/ / l ormin.	were as follows:	fonset
SAWYER, BOOKKEEPER, etc		Entero- Colitis 1%	1/32
Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	ill ma	Other Contributory Causes of Importance:	
13. NAME	Lairson	July Car	** ** ** *** **
14. BIRTHPLACE (city or town) (State or country)	inclina	Name of operation. What test confirmed diagnosis? Date of	J-
15. MAIOEN NAME	Dutlon	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)(State or country)	Carolina	Accident, suicide, or homicide?	
7. INFORMANT AND	hensum.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL Place M. C. Brand Sum: Di	ite Oct 27, 19.32	Manner of injury	
9. UNDERTAKER	and	24. Was disease or Injury in any way related to occupation of deceased?	
10, FILED 10/27, 1932 RESC	by Serveth Registrar.	(Signed) Jalsche (Address) January F. Mark	.M. D.
If more blank	s afe needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR FUR	THER STATEMEN'	TS BY PHYSICIAN	

Ç	RECOR	7. PHY	Exact s	
NDING	RMANENT	XACTLY	classified.	
FOR BI	IS A PE	stated E	properly	certificate.
QD	HIS	be	be	of
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s	TION is very important. See instructions on back of certificate.
	:-WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import
V. S. No. 1	N. H			
-				

1	I. PLACE OF		JF MAR	YLAND-	CERTIFICATE OF DEATH	
		Mores	to		350)
	County	Par	30 /	7-6-77	Registration Dist. No.	
	Village or Ci	ty		(1	No. St., f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	Length of resid	lence in city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAM	NE		Te	agle	
	(a) Residence	e: No			St. Ward.	
-			(Usual place		If nonresident give city or town and State	
		AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. COLOR OR RACE		RIED, WtDOWED, (write the word)	21. DATE OF DEATH	2
5a.	If married, widowe HUSBAND of	ed, or divorced	-		tred (Month) et (Day) (Yes	11.)
	(or) WIFE of				22. I HEREBY C.ERTIFY, That I attended deceased	from
6.	DATE OF BIRTH (r	month, day, end year)	Det 019	1932	1 1 1 1 1 1 1 1 1 1	ie caid
	AGE Year		Days	If LESS than	to have occurred on the date stated above, at	3 3414
		alter	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8. Trade, profess	sion, or particular		1 VIIIII	were as follows: Date of	onset
OCCUPATION	SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc	~~~		40000	
PA	9. Industry or b work was	usiness in which done, as SILK MILL,				
CCU		, BANK, etc	11. Total ti			
ŏ	this occupi	ation (month end	span	tin this		
				pation	Other Coutributory Causes of importance:	
12.	State or count					
œ	13. NAME	oth H	teo	\$6		
FATHER	7		-			
FA	14. BIRTHPLACE (State or o		- E		Name of operation Date of	
2	15. MAIDEN NAM	2 -11	1 44/	5 - d	What test confirmed diagnosis? Was there an autopsy?_	
MOTHER	13. MAIDEN NAM		RY MOYE	ESTER	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
MO	16. BIRTHPLACE (Q. acu	24.24	Accident, suicide, or homicide?, 19_	
	(State of t	A A	12 B	C (C	Where did injury occur? (Specify city or town, county and State)	
17.	(Address)	Paca	and a	kel R	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATI	- 0 - P	PD. CEM	CTARL	Manner of injury	
	Place Poca	MORE -125 /F	Date Coal	- T, 19.9	Nature of injury.	
19.	UNDERTAKER	2 - H T	eagle. F	alher	24. Was disease or Injury In any way related to occupation of deceased?	
1	(Address)	1) (/		1	If so, specify	
20.	FILED	, 192				M. D.
	-	16	L1L	Registrdr.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

V. S. No.

1

3. 5

7. /

OCCUPATION

12.

MOTHER FATHER

17.

19.

20.

STATE OF MARYLAND	CERTIFICATE OF DEATH
PLACE OF DEATH	(175)
County Worlester	Registration Dist. No. 33-2
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1 6	ds How long In U.S. if of foreign birth?yrs mos ds.
FULL NAME George 6. Willis	
(a) Residence: Not (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. married, widowed, or divorced	21. DATE OF DEATH OCT (Month) (193 (Year)
(or) WIFE of Threasa a. Willis	22. I HEREBY CERTIFY. That I attended deceased from Octobro 15: ,1972, to Oct 15- ,1932
DATE OF BIRTH (month, day, and year) Dest. 6 1891	I last saw h and alive on Oct 15 , 193 2; death is said
IGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 20 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Harmer	were as follows: That I Skull Date of onset Oct 15:-32
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
BIRTHPLACE (city or town) And (State or country)	Other Contributory Causes of importance:
13. NAME Robert J. Wellis	
14, BIRTHPLACE (city or town) J. And	Name of operation hove Date of
(State or country)	What test confirmed diagnosis? Thorne Was there an autopsy? Aso
15. MAIDEN NAME (Mary Co. Guller	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) — Mll . (State or country)	Accident, suicide, or homicide? Personal Date of injury Lt., 193. 4. Where did injury occur? Bestyn md # 25.
INFORMANT Mrs. Geo. W. Wellis (Address) Berlin md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Place Bouskiss Date Det 17, 1932	Manner of Injury Factorie of Tkull by hammer Nature of injury Jacobie of Shinel
UNDERTAKER J. W. Burkage (Address) Burking and	24. Was disease or injury in any way related to occupation of deceased?
FILED Oct 17, 1932 & W. Manuford Ledest Registrar.	(Signed) C. A. Holland M. D. (Address) Berlin Md

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	8	Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

FOR	
RESERVED	
MARGIN	
•	The second of the second
	-

OCCUPA 1. PLACE OF DEAT of should Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) CO Length of residence in city or town where death occurred Very How long in U.S. if of foreign birth? ______ yrs. ____ mos. ____ ds. statement SICIAN 2. FULL NAME RECORD. (a) Residence: No. St.. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) classified (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBANO of HEREBY CERTIFY. That I attended deceased from (or) WIFE of PERMA 田 certificate. 6. DATE OF BIRTH (month, day, and year) properl 7. AGE Years Oays Months If LESS than to have occurred on the date stated above, at 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc may back 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at on 11. Total time (years)
spant in this this occupation (month and that instructions occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country supplied plain terms, FATHER See 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis? ----- Was there an autopsy? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury______ 19 (State or country Where did injury occur?_ (Specify city or town, county and State) should Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. very (Address) OF 18. BURIAL, CREMALION, OR Manner of injury CAUSE mation LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	